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saw. In the street she must find out what any scrap of written or printed paper was and to what it referred. Once having passed some such bits in the evening she was unable to sleep, and finally had to waken one of her sons and go and get the papers. In doing so she shut her eyes to avoid getting into the same trouble again. For the same reason she stayed as much as possible in a darkened room. These feelings materially interfered with her housework. Thyme in the soup led to such questionings as these: "I asked myself, is that a little bit of thyme? It might be something else. That other little bit—is it thyme? I shall never be sure that all these little pieces are thyme. Can there be anything else but thyme in it? What *is* thyme?" She had to read every word in the newspaper. She was oppressed by a sense of the unreality of things; was unable to act with decision. Yielding to the impulses brought a temporary sense of relief, but denial of them led to nervous attacks, which also followed slight shocks, the necessity for prompt action, or even came uncaused. These began with a fearful sense of something to happen, of something wrong, and of helplessness, and went on to confusion, pain in the vertex, buzzing in the ears, and finally trembling and an outburst of perspiration. She was painfully conscious of her trouble and feared insanity. With cessation of nursing, etc., nourishing food and tonics, and the encouragement that she would get well, she gradually improved, was able to get control of her impulses, and finally made a good recovery.

*Ueber psychische Infection.* ROBERT WOLLENBERG. Archiv f. Psychiatrie, Bd. XX, H. 1.

From the study of a large number of books and articles, the author gives a comprehensive statement of present information on the subject of what has been known in France as *folie communiquée*, *folie simultanée*, *folie similaire*, *folie à deux*, *à trois*, etc., and in Germany as *inducirtes Irresein*, *communicirter Wahnsinn*, *Simultanwahnsinn*, and *psychische Contagion*, *Ansteckung* or *Infection*. The conditions that favor transfer of the insane ideas, the kinds transferred, the prognosis and treatment, etc., are discussed, and illustrated by brief abstracts of cases, often by many. In conclusion the author shows at length, in an interesting case of his own, how delusions of persecution grew up in the minds of two sisters, and were by degrees accepted by their father. To the article is appended a bibliography of 103 titles, of which the first 43 relate to psychic epidemics, the remainder to sporadic cases affecting only a few individuals.

*Ueber Intensionspsychosen, mit Nachtrag.* LUDWIG MEYER. Archiv f. Psychiatrie, Bd. XX, H. 1.

Cases in which, as a result of psychic shock, associations of such a nature are formed that the most trivial objects or events call up vast psychic disturbances, are not very rare. For this general group of cases, Meyer proposes the term "Intensionspsychosen," because in them the most striking feature, both to the patient and the physician, is morbid attention (*intentio*) to some immediately present sensation, having in mind also certain analogies to "Intentionstremor," and the dependence of the latter on intended movements. Both sensory and motor cases are included, and of them a number of illustrative cases are given—of the first, a lawyer who found himself prevented from writing in the presence of others, by attacks of dizzi-

ness, with palpitations and trembling of the hand ; three ministers who became dizzy, as at a great height, when they mounted their pulpits ; two agoraphobiacs, whose special difficulty was with open spaces that were paved ; two locomotive engineers who were unable, on account of somewhat similar attacks connected with their business, to do their work. On the motor side the disturbances appear as obscure compulsions or inhibitions, like those experienced in high places—a merchant sees the bread-knife and his child, or later, the child alone, and has an almost uncontrollable impulse to cut its throat ; a more unfortunate peasant, under similar circumstances, actually murders his child ; others are urged to acts of a perverted sexual nature.

*Le pazzie transitorie.* S. VENTURI. Napoli, 1888. pp. xii, 94. Abstract by Sommer in Neurol. Centralbl. No. 15, 1888.

In this short treatise on temporary insanity Prof. Venturi has collected 56 cases so diagnosed. After rejecting 24 of these that had shown earlier signs of psychical irregularity, he divides the remaining 32 into six groups as follows : 1. Passionate—one incompletely observed case, corresponding to pathological anger in that it followed an insult and was followed by deep sleep and amnesia. 2. Impulsive (6 cases)—a single senseless, generally violent deed, followed at once by a short period of delirium without further violent inclinations. 3. Hallucinated (2 cases)—confused delirium following sudden hallucinations of sight. 4. Somnambulic (4 cases). 5. Melancholic (2 cases). 6. Maniacal (17 cases). Direct predisposition was found in 7 of these 17, and indirect in 11 ; prodromic headache and oppression were present twice. The attack lasted 6 hours in four cases ; 8, 10 and 12 hours in two cases each ; 3, 4, 5, 13, 14, 15 and 24 hours in a single case each. There were attempts at murder four times, at suicide twice, violence to bystanders seven times, and mere destructiveness four times. In three cases certainly there was recurrence of the attack. Deep sleep and amnesia followed in these 17 cases, though in those of the other forms the sleep was wanting eight times and the amnesia three. Prof. Lombroso furnishes a commendatory introduction, though still holding to his opinion as to the epileptic origin of temporary insanity.

*On the Pathology of Delusional Insanity (Monomania).* JOSEPH WIGLESWORTH. Journal of Mental Science, October, 1888.

The pathological distinction that the author suggests between mania and monomania is incisively stated as follows : "Mania begins from the top, monomania from the bottom." In mania the regulative control of the highest centres is disturbed, and the lower centres are over-active in consequence ; in monomania the trouble is in the lower centres (including under that term the cortical centres primarily concerned in perception, and those below them), or still nearer the periphery. The intellect is, at least at first, untouched, but is misled by the abnormal sensory or perceptive data furnished to it from below. The constant association of hallucinations with typical delusional insanity, and the frequency with which the delusions can be traced to them, make the presumption strong that the disease that causes the hallucinations is the tap-root of the insanity. That such is the case is further made probable by certain cases of locomotor ataxy, in which the development of delusions may be followed concurrently with the advance of the disease in the peripheral nerves.